

**ELECTION TO PAY TAX OR TO BECOME LIABLE FOR "PAYMENT IN LIEU OF CONTRIBUTIONS"**

DWD Form 1065

State Form 24321 (R4 / 6-06)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

10 N SENATE AVE RM SE106 INDIANAPOLIS IN 46204-77

Local: 317-232-7436 Toll Free: 1-800-891-6499 Fax: 317-232-2706

This "Payment in Lieu of Contributions" form must be filed with the department not later than thirty-one (31) days following the date upon which such entity qualifies as an employer and shall be for a period of not less than two (2) years.

Indiana SUTA No: _____ () Federal ID Number ____ - _____

Legal Name of Employing Unit

Trade Name (or d/b/a)

Mailing Address

FOR OFFICE USE ONLY

Election Covers Year(s))

City

State

Date
Completed

ZIP Code

Indiana County

Audit
Examiner

(Check one only)

1. A governmental entity as defined in 8-2(i) of the Employment and Training Services Act, or ----- ☐
2. A Non-profit organization exempt under Section 3306-C-8 of the Federal Unemployment Tax Act and Section 501-c-3 of the Internal Revenue Code ----- ☐

AND AN ORGANIZATION WHICH HAS QUALIFIED UNDER CHAPTER 7, SECTION 2(g) or 2(h) OF THE EMPLOYMENT AND TRAINING SERVICES ACT, ARE HEREBY ADVISED THAT IN ACCORDANCE WITH THE STATUTES, WE ARE ELIGIBLE TO REIMBURSE THE INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT ON A MONTHLY BASIS AS BILLED, THOSE BENEFIT CHARGES RESULTING FROM BENEFITS PAID BY THE INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT BASED ON EARNINGS REPORTED AND USED IN THE CLAIMANT'S BASE PERIOD. WE ALSO UNDERSTAND THAT THIS ELECTION IS NOT REVOCABLE FOR TWO CALENDAR YEARS.

WE HAVE ALSO BEEN ADVISED THAT WE MAY ELECT TO PAY TAX ON OUR SUBJECT PAYROLL (2.7% ON THE FIRST \$7,000.00 PAID TO EACH EMPLOYEE IN A CALENDAR YEAR, 1% FOR GOVERNMENTAL ENTITIES), AND THAT THIS OPTION IS REVOCABLE AFTER ONE CALENDAR YEAR.

- A. We hereby elect to reimburse monthly benefit charges in lieu of paying a rated tax for at least two calendar years, of ----- ☐
- B. We hereby elect to pay tax at 2.7% on the first \$7,000.00 paid to each employee's wages, for at least one calendar year (1% for Governmental entities) ----- ☐

Signature _____

Title _____

Date _____